

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street)

13737 Noel Road, Suite 100

Check if different
than previously
reported. (ACC)

Dallas

TX

75240

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00119354

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Todd Plott

Signature of Treasurer

Electronically Filed by Todd Plott

Date

0 1

2 9

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		25980.69
(b) Cash on Hand at Beginning of Reporting Period	23548.34	
(c) Total Receipts (from Line 19)	6348.78	60010.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29897.12	85990.82
7. Total Disbursements (from Line 31)	5000.00	61093.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24897.12	24897.12
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6101.28	39989.79
(i) Itemized (use Schedule A)		
(ii) Unitemized	247.50	20020.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	6348.78	60010.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	6348.78	60010.13
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6348.78	60010.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6348.78	60010.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	37750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5000.00	23343.70
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5000.00	61093.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	61093.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6348.78	60010.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6348.78	60010.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

ELIZABETH LAMKIN

Mailing Address 31 WICKLOW DRIVE

City

HILTON HEAD

State

SC

Zip Code

29928-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer
HILTON HEAD HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1025760421189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MITCH EDGEWORTH

Mailing Address 2613 RANCHVIEW DRIVE

City

RICHARDSON

State

TX

Zip Code

75082-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS HOSPITAL-DALLAS

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1026318821189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MARY ANN T RAILEY

Mailing Address 20230 PINGREE WAY

City

YORBA LINDA

State

CA

Zip Code

92887-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLACENTIA LINDA HOSPITAL

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1461493121189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City

DALLAS

State

TX

Zip Code

75287-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1479664421189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

STEPHEN M MOONEY

Mailing Address 4619 BRIAR OAKS CR

City

DALLAS

State

TX

Zip Code

75287-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1481199221189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City

BRENTWOOD

State

CA

Zip Code

94513-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1481210621189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL K BURTNETT

Mailing Address 3405 HOWELL ST#9

City

DALLAS

State

TX

Zip Code

75204-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1568624521189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

THOMAS RICE

Mailing Address 15126 FERDINAND DR

City

DALLAS

State

TX

Zip Code

75248-6437

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1592856021189

Amount of Each Receipt this Period

114.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

CHARLES CONKLIN

Mailing Address 3901 HEARST CASTLE WAY

City

PLANO

State

TX

Zip Code

75025-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1592857221189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

204.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1592858221189

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

WEBB COCHRAN

Mailing Address 3961 ST. CLAIRE CT

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1594942621189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JASON E EVANS

Mailing Address 1808 FLINT RIDGE DR

City

ALLEN

State

TX

Zip Code

75002-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAKE POINTE MEDICAL CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1735905221189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 39

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

DANIEL WALDMANN

Mailing Address 2001 19TH STREET NW #5

City

WASHINGTON

State

DC

Zip Code

20009-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1814798521189

Amount of Each Receipt this Period

240.00

P/R Deduction (\$80.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

GREGORY S MANIS

Mailing Address 1944 S CLUB DR

City

WELLINGTON

State

FL

Zip Code

33414-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. MARY'S MEDICAL CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2070027421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MARK P LISA

Mailing Address 391 E MILGEO AVE

City

RIPON

State

CA

Zip Code

95366-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOCTORS HOSPITAL OF MANTE-
CA

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174141221189

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

345.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
LINDA OLLIS

Mailing Address 2717 COUNTRY CLUB AVE

City State Zip Code
OMAHA NE 68104-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
CREIGHTON UNIVERSITY MEDI-
CAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174254221189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)
ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City State Zip Code
PALM SPRINGS CA 92262-6395

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174361621189

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)
HENRY T HUDSON III

Mailing Address 49150 GILA RIVER DRIVE

City State Zip Code
INDIO CA 92201-8846

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174385921189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City

MODESTO

State

CA

Zip Code

95355-8446

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174541521189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

BRUCE MEARS

Mailing Address 10312 ARVIN HILL RD

City

AUBREY

State

TX

Zip Code

76227-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174562621189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

WENDY TISCHLER

Mailing Address 5921 MALMESBURY RD

City

DALLAS

State

TX

Zip Code

75252-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174565821189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD BECK

Mailing Address 107 WATERMAN

City

IRVINE

State

CA

Zip Code

92602-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174566421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ERIC BURCH

Mailing Address 7085 CRYSTALLINE DRIVE

City

CARLSBAD

State

CA

Zip Code

92011-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174566621189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City

IRVINE

State

CA

Zip Code

92620-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2174567321189

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

LARRY J AUSTIN

Mailing Address 14342 CLUB CIRCLE

City

ALPHARETTA

State

GA

Zip Code

30004-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH FULTON REGIONAL HOS-
PITALOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: PR2202087221189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City

PENN VALLEY

State

PA

Zip Code

19072-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAHNEMANN UNIVERSITY HOSP-
ITALOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: PR406763221189

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

LEONARD ROSENFELD

Mailing Address 12213 PARK BEND DR

City

DALLAS

State

TX

Zip Code

75230-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
IONOccupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: PR407201321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT J SCHWEBEL

Mailing Address 5331 E. MOCKINGBIRD 613

City

DALLAS

State

TX

Zip Code

75206-0911

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407203421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

CINDY L LARKIN

Mailing Address 4716 DE GREY LANE

City

PLANO

State

TX

Zip Code

75093-7443

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407203821189

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City

PLANO

State

TX

Zip Code

75093-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407205121189

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

HANK D IRICK JR.

Mailing Address 3305 ELAM CT

City

PLANO

State

TX

Zip Code

75093-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407205821189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

WILLIAM R WATTS

Mailing Address 7504 DANFIELD CT

City

DALLAS

State

TX

Zip Code

75252-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407209421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

STEVE BROWN

Mailing Address 16 SARAH NASH CT

City

DALLAS

State

TX

Zip Code

75225-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407210621189

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

CRAIG E SIMS

Mailing Address 4515 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407211621189

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City

FORT WORTH

State

TX

Zip Code

76110-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407215821189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

WAYNE E COBB

Mailing Address 4001 ORCHID LANE

City

MANSFIELD

State

TX

Zip Code

76063-5577

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407216421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

147.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City

FT WORTH

State

TX

Zip Code

76107-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407218621189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City

HICKORY

State

NC

Zip Code

28601-8806

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRYE REGIONAL MEDICAL CEN-
TER

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407219721189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JAMES E MCPARTLAND

Mailing Address 1805 LONGWOOD CT

City

ALLEN

State

TX

Zip Code

75013-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407221521189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City

COLLEYVILLE

State

TX

Zip Code

76034-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407222121189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City

DALLAS

State

TX

Zip Code

75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407222821189

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RHONDA ROGERS

Mailing Address 261 CR 2153

City

NACOGDOCHES

State

TX

Zip Code

75965

FEC ID number of contributing
federal political committee.

C

Name of Employer

NACOGDOCHES MEDICAL CENTER

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407224421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
CONLEY S CERVANTES

Mailing Address 819 CAMBRIDGE MANOR LANE

City State Zip Code
COPPELL TX 75019-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407224721189

Amount of Each Receipt this Period

36.00

P/R Deduction (\$12.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)
GARY ROBINSON

Mailing Address 3030 MCKINNEY AVE #1701

City State Zip Code
DALLAS TX 75204-7410

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407225821189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)
DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City State Zip Code
DALLAS TX 75238-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407227321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City

COLLEYVILLE

State

TX

Zip Code

76034-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407227621189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

WILLIAM T MOORE

Mailing Address 3014 CASTLE PINES DRIVE

City

DULUTH

State

GA

Zip Code

30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTA MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407231821189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MAXINE T COOPER

Mailing Address 19401 SANDPEBBLE CR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407233321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City

AUSTIN

State

TX

Zip Code

78746-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407234321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City

GRIFFIN

State

GA

Zip Code

30224-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPALDING REGIONAL HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407236021189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN F HOLLAND

Mailing Address 3610 EDGEWATER STREET

City

DALLAS

State

TX

Zip Code

75205-4317

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407242921189

Amount of Each Receipt this Period

288.00

P/R Deduction (\$96.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM C HENNING

Mailing Address 5415 STONE CANYON DR

City

FRISCO

State

TX

Zip Code

75034-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENNIAL MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407244721189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES D DORIS

Mailing Address 264 IDLEWILDE LANE

City

SANFORD

State

NC

Zip Code

27332-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL CAROLINA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407244821189

Amount of Each Receipt this Period

105.00

P/R Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City

MIAMI BEACH

State

FL

Zip Code

33141-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIALEAH HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407245321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

ALEX CONTRERAS-SOTO

Mailing Address 3363 SW 180 WAY

City

MIRAMAR

State

FL

Zip Code

33029-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALMETTO GENERAL HOSPITAL

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407246921189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

GARRY L GAUSE

Mailing Address 1150 LAKE COLANY LANE

City

VESTAVIA HILLS

State

AL

Zip Code

35242-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROOKWOOD MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407248721189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407250421189

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

SUELLEN SMITH

Mailing Address 84 TIERRA VISTA LANE

City

PASO ROBLES

State

CA

Zip Code

93446-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: PR407254521189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

PAMELA J BUXTON

Mailing Address 77-532 BURRUS COURT

City

PALM DESERT

State

CA

Zip Code

92211-0485

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHN F. KENNEDY MEMORIAL
HOSPITAL

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: PR407255321189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN MD

Mailing Address 11034 TIBBS STREET

City

DALLAS

State

TX

Zip Code

75230-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5184.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: PR407257721189

Amount of Each Receipt this Period

576.00

P/R Deduction (\$192.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

636.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

ALAN E HODGES

Mailing Address 231 COIN DU LESTIN

City

SLIDELL

State

LA

Zip Code

70460-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSHORE REGIONAL MEDIC-
AL CENTER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407262121189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City

SLIDELL

State

LA

Zip Code

70461-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSHORE REGIONAL MEDIC-
AL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407263521189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

GARY L HONTS, JR.

Mailing Address 1855 SILVERWINGS CT

City

MORGAN HILL

State

CA

Zip Code

95037-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY HOSPITAL OF LOS
GATOS

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407266421189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City

SAINT LOUIS

State

MO

Zip Code

63129-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407268521189

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

PAUL D ECHELARD

Mailing Address 1167 HILLSBORO MILE#614

City

HILLSBORO BEACH

State

FL

Zip Code

33062-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOOD SAMARITAN MEDICAL CE-
NTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407270921189

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SAMUEL G HARRIS

Mailing Address 933 HAVENHURST

City

WEST HOLLYWOOD

State

CA

Zip Code

90046-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407271121189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

144.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407274121189

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLACENTIA LINDA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407278121189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

KAREN GULBENKIAN

Mailing Address 2847 CALLE HERALDO

City

SAN CLEMENTE

State

CA

Zip Code

92673-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407278721189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City

SAN LUIS OBISPO

State

CA

Zip Code

93405-6186

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407280321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR407283921189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DEBBIE L WALSH

Mailing Address 516 GALLEON WAY

City

SEAL BEACH

State

CA

Zip Code

90740-5939

FEC ID number of contributing
federal political committee.

C

Name of Employer
USC UNIVERSITY HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR411334321189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

RICK LYONS

Mailing Address 2425 BATTERING ROCK RD

City

TEMPLETON

State

CA

Zip Code

93465-8371

FEC ID number of contributing
federal political committee.

C

Name of Employer

TWIN CITIES COMMUNITY HOS-
PITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR413941921189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

EDWIN BODE

Mailing Address 9597 GOTTEN WAY

City

GERMANTOWN

State

TN

Zip Code

38139-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR839296521189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City

LAUDERHILL

State

FL

Zip Code

33319-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR839477821189

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

NORMA A ZERINGUE

Mailing Address 5757 SOUTHWESTERN BLVD

City

DALLAS

State

TX

Zip Code

75209-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR840530321189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City

COPPELL

State

TX

Zip Code

75019-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR840566921189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City

FRISCO

State

TX

Zip Code

75035-7682

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: PR840924621189

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

VIOLETA L MAZZELLA

Mailing Address 8816 CANYON LANDS DRIVE

City

PLANO

State

TX

Zip Code

75025-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR841454321189

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

HOAI-SON L NGUYEN

Mailing Address 303 PRINCE ALBERT CT

City

RICHARDSON

State

TX

Zip Code

75081-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR841515821189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

BRIAN REILLY

Mailing Address 55 PARRY DR

City

HAINESPORT

State

NJ

Zip Code

08036-4881

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR843214421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

BARBARA H ZURZOLO

Mailing Address 13 GREENBRIAR LANE

City

PAOLI

State

PA

Zip Code

19301-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGIONAL EXECUTIVE

Occupation

SR. MANAGING COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR843854921189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City

CHAPEL HILL

State

NC

Zip Code

27517-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAROLINA CROSSROADS SURG

Occupation

DIR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR843980421189

Amount of Each Receipt this Period

57.90

P/R Deduction (\$19.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City

PLANO

State

TX

Zip Code

75093-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR844644421189

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

237.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
LYNNE SCROGGINS

Mailing Address 3777 PEACHTREE RD NE 632

City State Zip Code
ATLANTA GA 30319-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR844786221189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
IRENE CHAVEZ

Mailing Address 1340 LOMA VERDE

City State Zip Code
EL PASO TX 79936-7811

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE MEMORIAL HOSPI-
TAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR846339321189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SCOTT A RIFKIN

Mailing Address 2188 ASPEN

City State Zip Code
TUSTIN CA 92782-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR846690221189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

ERIC M DELGADO

Mailing Address 4734 BRIERCREST AVE.

City

LAKEWOOD

State

CA

Zip Code

90713-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
IRVINE REGIONAL HOSPITAL
MEDICAL CENTE

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR846888221189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

TERRY MURPHY

Mailing Address 179 NIBLICK RDPMB348

City

PASO ROBLES

State

CA

Zip Code

93446-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWIN CITIES COMMUNITY HOS-
PITAL

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR849021421189

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JAMES CLEMENTS

Mailing Address 3013 GOLF CREST LANE

City

WOODSTOCK

State

GA

Zip Code

30189-8197

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR849790221189

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

6101.28

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Joseph Moody Campaign	Transaction ID: 29043883 Date of Disbursement																				
Mailing Address PO Box 920827	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	8												
City El Paso State TX Zip Code 79902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Joseph Moody, STATE HOUSE TX Candidate Name Joseph Moody	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 00	011 Category/ Type Joseph Moody, STATE HOUSE TX																				
B. Full Name (Last, First, Middle Initial) Ellen Cohen Campaign	Transaction ID: 29043884 Date of Disbursement																				
Mailing Address 7670 Woodway, Ste. 110	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	8												
City Houston State TX Zip Code 77063	Amount of Each Disbursement this Period																				
Purpose of Disbursement Ellen Cohen, STATE HOUSE TX Candidate Name Ellen Cohen	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 00	011 Category/ Type Ellen Cohen, STATE HOUSE TX																				
C. Full Name (Last, First, Middle Initial) Doug Miller for State Representative Campaign	Transaction ID: 29043885 Date of Disbursement																				
Mailing Address 865 Fredericksburg	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	8												
City New Braunfels State TX Zip Code 78130	Amount of Each Disbursement this Period																				
Purpose of Disbursement Douglas Miller, STATE HOUSE TX Candidate Name Douglas Miller	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 00	011 Category/ Type Douglas Miller, STATE HOUSE TX																				

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

Jodie Laubenberg

Mailing Address PO Box 1154

City
Wylie

State
TX

Zip Code
75098

Purpose of Disbursement

Jodie Laubenberg, STATE HOUSE TX

Candidate Name

Jodie Laubenberg

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: 29043886

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

250.00

Jodie Laubenberg, STATE
HOUSE TX

B.

Full Name (Last, First, Middle Initial)

Marisa Marquez Campaign

Mailing Address 3112 Federal

City
El Paso

State
TX

Zip Code
79930

Purpose of Disbursement

Marisa Marquez, STATE HOUSE TX

Candidate Name

Marisa Marquez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: 29043887

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

250.00

Marisa Marquez, STATE HOU-
SE TX

C.

Full Name (Last, First, Middle Initial)

Todd Hunter Campaign

Mailing Address 14617 S. Padre Island Dr.

City
Corpus Christie

State
TX

Zip Code
78418

Purpose of Disbursement

Todd Hunter, STATE HOUSE TX

Candidate Name

Todd Hunter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: 29043908

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

250.00

Todd Hunter, STATE HOUSE
TX

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Joseph C. Pickett Campaign	Transaction ID: 29043909 Date of Disbursement																				
Mailing Address P.O. Box 4554	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	8												
City Austin State TX Zip Code 78765	Amount of Each Disbursement this Period																				
Purpose of Disbursement Joseph Pickett, STATE HOUSE 79th TX	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name Joseph Pickett	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 79	Joseph Pickett, STATE HOUSE 79th TX																				
B. Full Name (Last, First, Middle Initial) Vicki Truitt Campaign	Transaction ID: 29043910 Date of Disbursement																				
Mailing Address P.O. Box 886	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	8												
City Keller State TX Zip Code 76244	Amount of Each Disbursement this Period																				
Purpose of Disbursement Vicki Truitt, STATE HOUSE 98th TX	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																			
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Candidate Name Representa Vicki Truitt	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 98	Vicki Truitt, STATE HOUSE 98th TX																				
C. Full Name (Last, First, Middle Initial) Vicki Truitt Campaign	Transaction ID: 29043934 Date of Disbursement																				
Mailing Address P.O. Box 886	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	8												
City Keller State TX Zip Code 76244	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - Vicki Truitt Campaign	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																			
0.00																					
Candidate Name Representa Vicki Truitt	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 98	Void - Vicki Truitt Campaign																				

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

Vicki Truitt Campaign

Mailing Address P.O. Box 886

City
Keller

State
TX

Zip Code
76244

Purpose of Disbursement

Vicki Truitt, STATE HOUSE 98th TX

Candidate Name

Representa Vicki Truitt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 98

Transaction ID: 29043935

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

250.00

Vicki Truitt, STATE HOUSE
98th TX

B.

Full Name (Last, First, Middle Initial)

Health Alliance PAC (HAPAC) - NonFederal State PAC

Mailing Address P.O. Box 8600

City
Harrisburg

State
PA

Zip Code
17105

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 29060198

Date of Disbursement

12 / 16 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

5000.00